

P.O. Box 15275 Sacramento, CA 95851-0275 Toll free 1- (800) 228-5453 or (916) 229-3870 TDD Hearing Impaired (916) 229-3541

Address Change Request

MS 0786 (Rev. 3/01)

Account Name: Account SSN:

I authorize the California State Teachers' Retirement System (CalSTRS) to change my home address. (**Note**: If your new address is outside California and you do not submit a new form AD 0908 (Tax Withholding Preference Certificate), CalSTRS will discontinue withholding state tax from your benefit. If you are moving from another state to California and do not submit a new AD 0908, CalSTRS will withhold state tax from your benefit at the rate for married persons with three exemptions.) Check one of the following: (\checkmark one)

	My check currently is sent to my home address; please change to the address listed below.
	Change my home address to the address listed below; continue sending my check to my financial institution.
	Change my home address to the address listed below. My check is sent to my financial institution and the account number or financial institution needs to be changed also. (To change the financial institution fund information, you must submit a Electronic Funds Transfer Authorization, MS1130, if your check is sent by Electronic Funds Transfer (EFT).
	Please cancel my Electronic Funds Transfer, and send my check to the address listed below.
	Other:
Nev	home mailing address:
Pay	ee SSN Name
Stro	et Apt. # Telephone #
City	State Zip
Sig	nature Date
)	

Address changes will only be made with the benefit recipient's signature. Anyone else signing this form must include legal documents giving them the authority to do so.

Address changes must be received by the 1st of the month in order to change your address for the next check.

For further information or to request a DIRECT DEPOSIT Authorization (MS1130), call the CalSTRS automated system, 1 (800) 228-5453.

Return this form to: CalSTRS, P.O. Box 15275, Sacramento, CA 95851-0275.